



**CITY OF CAYCE, SC**  
P.O. Box 2004 • Cayce, SC 29171  
**APPLICATION FOR BUSINESS  
AND PROFESSIONAL LICENSE**  
FOR THE LICENSE YEAR \_\_\_\_\_

FOR OFFICE USE ONLY	
	PROCESSED BY _____
CODE _____	DATE ISSUED _____
CLASSIFICATION _____	RECEIPT NO. _____

DATE PRINTED \_\_\_\_\_

OUR RECORDS INDICATE YOU MUST FILE A RETURN OR RENEW THE FOLLOWING:

LICENSEE:

BUSINESS ID \_\_\_\_\_

Social Security No. and/or Federal Employer's  
Identification Number \_\_\_\_\_

**DECLINING RATES**

Declining Rate applies in all Classes for gross income in excess of \$1,000,000 as follows:

Amount (in Millions) Gross Income	Percent of Rate for each additional \$1,000
\$0 - \$5	100%
\$5 - \$7	95%
\$7 - \$9	90%
\$9 - \$110	85%
Over - \$110	45%

PENALTY FOR DELINQUENCY IN PAYING TAX IS  
5 % PER MONTH OR FRACTION THEREOF UNTIL PAID.  
LICENSE DUE APRIL 15

IF INFORMATION LISTED IN HEADING IS CORRECT CHECK HERE  
TO HEADING ABOVE, FILL IN ITEMS 1,2,3,4, ETC.

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AND SKIP TO ITEM #5. FOR NEW BUSINESS OR CORRECTIONS

1. NAME OF APPLICANT (INDIVIDUAL OR FIRM) _____	5. THIS APPLICATION IS FOR:  NEW BUSINESS <input type="checkbox"/> _____ STARTING DATE _____  RENEWAL OF LICENSE <input type="checkbox"/> CORPORATION <input type="checkbox"/>  CHANGE OF OWNERSHIP <input type="checkbox"/> CO-PARTNERSHIP <input type="checkbox"/>  CHANGE IN LOCATION <input type="checkbox"/> SINGLE OWNERSHIP <input type="checkbox"/>
2. MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____	
3. BUSINESS LOCATION _____ CITY _____ STATE _____ ZIP _____	
4. TYPE OF BUSINESS _____ PHONE NO. _____	
6. REPORT APPLICABLE FIGURE FOR PRECEDING YEAR: GROSS RECEIPTS _____ GROSS PREMIUMS _____ NO. OF MONTHS IN BUSINESS _____	
7. IF THIS IS CHANGE IN OWNERSHIP, GIVE NAME OF PREVIOUS OWNER _____	10. DURING THE YEAR JUST ENDED GROSS CONTRACT BUSINESS WAS AS LISTED BELOW: Gross contract business physically executed within Cayce _____ Gross contract business physically executed outside Cayce _____ Gross contract business outside Cayce on which license fee was paid to a town or city (Cayce contractors) _____ NOTE WHERE APPLICABLE CURRENT MASTER LICENSE INFORMATION MUST BE FURNISHED YEAR   MASTER GAS NO   MASTER ELECTRICIAN NO   MASTER PLUMBING NO
8. IF YOU EMPLOY AN ACCOUNTING OR BOOKKEEPING FIRM, GIVE NAME, ADDRESS AND PHONE NO. _____	
9. LIST NAME OF PARTNERS OR OFFICERS OF FIRM, AND GIVE THEIR TITLES _____	

Please figure amount due here and remit with application:

On Gross Receipts or contracts not exceeding \_\_\_\_\_

On each additional \$1000 or fraction thereof:

\_\_\_\_\_ M @ \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_ = \_\_\_\_\_  
TOTAL DUE \_\_\_\_\_ PENALTY \_\_\_\_\_ TOTAL DUE \_\_\_\_\_

A. THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE BUSINESS DONE OR TRANSACTED AT OR THROUGH THE ABOVE LOCATION (OR LOCATIONS) FOR THE CALENDAR YEAR ENDING DECEMBER 31, 20\_\_\_\_ OR LAST COMPLETED FISCAL YEAR AND THE REPORT CORRESPONDS WITH THE BOOKS AND RECORDS OF THE BUSINESS AND WITH THE REPORT OF SAME FILED, OR TO BE FILED, FOR THE CORRESPONDING PERIOD WITH THE SOUTH CAROLINA TAX COMMISSION, OR INSURANCE COMMISSIONER, AND WITH THE COLLECTOR OF INTERNAL REVENUE OF THE UNITED STATES.

B. I (WE) DO HEREBY CERTIFY THAT THE EXACT AMOUNT RETURNED AS TOTAL GROSS RECEIPTS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN ARE TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTIONS FOR "DROP SHIPMENTS," "SALES TO GOVERNMENTAL AGENCIES," "OUT OF TOWN DELIVERIES," OR OTHERWISE.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Signed) \_\_\_\_\_ (Signature of Applicant) (Seal)

By \_\_\_\_\_ (Signature of Person Executing for Firm or Corp.)